

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)

**Summary Sheet** 

FILE NUMBER

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

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and painting the second second	COMMITTEE INFORMA	TION			
1. Full Name of Committee (as on Statement of O	rganization) Check if this is	a new name			
Committee to Flee	t Daven Sink				
2. Acronym or Abbreviated Name (if any)		3. Com	mittee Telephone Numbe	r	
Same		(31	7,578-447	2	
4. Mailing Address (address where all campaign for	inance correspondence is received)	Check if thi	is is a new address		
5. City, State, ZIP Code	-22	6. Party	y Affiliation (if applicable)		
10.1	1031		NIA		
CANDID	PATE INFORMATION (For Candida	te's Committe	ees Only)		
7. Full Name of Candidate (include any nickname)			Affiliation or If Independe	ent Candidate	
9. Office Sought (Include district number, if any. N	lot required for exploratory committee		nty of Residence		
	PE OF REPORT		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	ON CANDIDATES ONLY	
11, Check one:			Check one:		
Pre-Primary Pre-Election Annual Nomin	nation Other		Pre-Convention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0"	Outgoing Treasurer (within 10 days amend St.	atement of Organization	n) Post-Co	nvention	
12. Reporting Period:	Through: 4/11/08		COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning			-0-	SEE SEES IN	
14. Cash on hand and investments January 1, cur	rent year.		THE RESERVE OF THE PARTY OF THE	-0-	
CONTRIBUTIO	NS AND RECEIPTS				
(Note: these amounts include in-kind contributions	s and loans, as well as cash contributions	s.)	TO SEE SEE SEE	<b>国际的国际的</b>	
15a. Itemized (use Schedule A)			1850	1850	
15b. Unitemized			1150	1150	
15c. Add lines 15a and 15b in both columns		SUBTOTAL	3000	3000	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL			3000	3000	
EXPE	NDITURES	<b>医</b> 物质 <b></b>		MUNICIPAL STATE	
(Note: These amounts include in-kind expenditure					
17a. Itemized (use Schedule B) (Public Question:	use Schedule C)		ø	0	
17b. Uniternized			67.82	67.82	
17c. Add lines 17a and 17b in both columns SUBTOTAL			67.82	67.82	
18. Cash on hand and investments at close of this report		is) TOTAL	2932.18	2932.18	
19. Debts OWED BY the committee (use Schedul			0		
20. Debts OWED TO the committee (use Schedul	(e E)		8		
Signature on File	CERTIFICATION E BEST OF MY KNOWLEDGE AND BELIE	F IT IS TRUE, COR		FOR OFFICE USE ONLY	
	Trensurer	1	Date / / OX -		
	TICKER		Date / / 5%	2008	
		.   '	4/16/08	8	
	copied for sale or used for any commercial p 13) A person who fails to file a complete of 4-1-14) and may be subject to civil penalties	r accurate report a	s required by the Indiana	₹ T	
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Daren Sink pz/2



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## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page	2		2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. William F Barron 11989 Hoosier Road Fishers, IN 46038 Contributor's Occupation (1/ required)	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	\$500%0		3/4/08 Daren Sink
2 Bdo + Beth Keck 13031 Cyntheanne Road Fishers, IN 46037	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	\$500%00		4/3/08 Den Sink
Contributor's Occupation (il required)  3. Timothy + Michelle Brugh 14745 Trior Run Dr. Fortville, IN 46040  Contributor's Occupation (il required)	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	\$500%00		3/30/08 Dan Sink
Jue Eaton 7480 River Highlands Drive Fishers, IN 46038  Contributor's Occupation (# required)	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	\$150%		4/4/08 Dan Sink
5. Greg + Diane Ryan 14605 Geist Ridge Drive Fortville, IN 46040 Contributor's Occupation (il required)	Contributions:  Direct  In-Kind (describe)  Other Receipts:  Interest   Loan  Misc. (specify)	\$200%		4/3/08 Dan Sink
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet)	\$/ <b>8</b> 50		